

P.O. Box 926 Quogue, New York 11959-0926

PETER SARTORIUS Mayor

AIMEE BUHL Village Clerk

(631) 653-4498 Fax (631) 653-4776

GAS SUPPLY LINE INSTALLATION CERTIFICATION

		Date:
		Building Permit #:
Property Address:		_
Owner:(Please print) Plumber:		
(Please print)		-
I certify that the Gas supply lines have been installed and tested in accordance with the Fuel Gas Code of New York State including:		
Installation:	Supply type:	
Residential InstallationCommercial Installation	□ LP □ LNG	
Please Check Combustion Appliance Installed: Heating Equipment Hot Water Heater Fireplace/Stove Other:		
Test Pressure:Test Duration	on:	
Results:		-
I certify I am the licensed plumber (License# the above referenced premises.) that in	stalled all Gas Supply Lines on
Plumbers or Homeowners Signature		
Sworn to me this, 20,		
Original Notary Signature:	Cou	inty
Seal:		